

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lamer et al.

Title: Data Management System For Patient Data

Appl. No.: Unknown

Filing Date: Unknown

Examiner: Unknown

Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

| | |
|-----------------------------|-------------------|
| EL289241884US | April 5, 2000 |
| (Express Mail Label Number) | (Date of Deposit) |

Roberta Cooper
(Printed Name)

Roberta Cooper
(Signature)

UTILITY PATENT APPLICATION
TRANSMITTAL

Assistant Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Roland Lamer
Theodore Anagnost

Enclosed are:

- [X] Specification, Claim(s), and Abstract (24 pages).
- [X] Informal drawings (8 sheets, Figures 1-8).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Assignment of the invention to General Electric Company.
- [X] Assignment Recordation Cover Sheet.
- [X] Preliminary Amendment.
- [X] Information Disclosure Statement.
- [X] Form PTO-1449 with copies of 2 listed reference(s).

The filing fee is calculated below:

| | Claims as Filed | Included in Basic Fee | Extra Claims | Rate | Fee Totals |
|---|--------------------|--------------------------|-----------------|--|---------------|
| Basic Fee | | | | \$690.00 | \$690.00 |
| Total Claims: | 27 | - 20 | = 7 | x \$18.00 | = \$126.00 |
| Independents: | 5 | - 3 | = 2 | x \$78.00 | = \$156.00 |
| If any Multiple Dependent Claim(s) present: | | | + | \$260.00 | = \$0.00 |
| | | | | SUBTOTAL: | = \$972.00 |
| [] | | | | Small Entity Fees Apply (subtract ½ of above): | = \$0.00 |
| | | | | TOTAL FILING FEE: | = \$972.00 |

- [X] Please charge Deposit Account No. 07-0845 in the amount of \$1,012.00 in payment of the filing fee and Assignment recordation fee.
- [X] The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-0845.

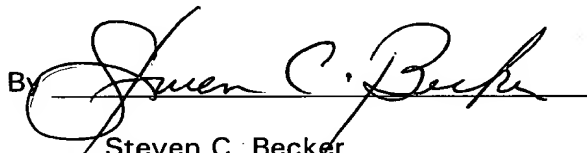
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

4/5/00

By



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